

Dear Delegate Clippinger and Members of the House Judiciary Committee,

This testimony is being submitted by Dr. Carolyn Sufrin, associate professor at Johns Hopkins School of Medicine and director of the research group Advocacy and Research on Reproductive Wellness of Incarcerated People, an organization that works to improve reproductive health for women who are in the criminal justice system. I am also working in collaboration with the Maryland Justice Project. I work at Johns Hopkins Bayview Hospital, in District #46. The views expressed here are my own and not that of my employer. **I am testifying in support of House Bill 454 (HB0454), the Prevention of Forced Infant Separation Act.**

The crisis of mass incarceration – and the process of ending it – has become a central policy concern in the United States over the past few years. However, women, especially pregnant and parenting people have remained largely overlooked. I know this because I have worked as an Ob/Gyn caring for incarcerated women and have conducted extensive research, both in Maryland and nationally on pregnancy outcomes and conditions among incarcerated women; my research has been published in peer-reviewed medical journals and also as a peer-reviewed book on this topic.<sup>[1]</sup> I also serve on several national committees to increase awareness of and standardize pregnancy care policies in correctional facilities. I have witnessed first-hand as a doctor in correctional facilities and learned from research participants in my studies how traumatic it is to be pregnant and to give birth in custody—with inconsistent access to prenatal care, and the trauma of being forcibly separated from your newborn immediately after giving birth. Moms who give birth in custody are at especially high risk for postpartum mental health issues because of the separation and conditions of confinement, and their infants also suffer.<sup>[2]</sup>

In the State of Maryland, pregnant women who go into labor while incarcerated in a Department of Public Safety and Correctional Services (DPSCS) correctional facility will be transported to a hospital but are required to return to their facility as soon as they are discharged<sup>[3]</sup>. For a standard vaginal delivery, this is generally 1-2 days after giving birth<sup>[4]</sup>. This means that most incarcerated women have less than 48 hours with their newborns before the baby is forcibly separated from the mother. Among incarcerated women in Maryland, 10% are pregnant and 64% of these women will give birth while incarcerated<sup>[5]</sup>. Considering that the majority of incarcerated women are the sole caregivers of their children, many of these newborns will enter the Maryland Department of Human Services (DHS) foster care program just days after they are born<sup>[6]</sup>.

The forced separation of infants leads to a myriad of adverse health outcomes for both the baby and the mother. Research suggests that the first year is one of the most important in an infant's life, as it is a time of significant physical, cognitive, and social development<sup>[7]</sup>. This means that when babies are forcibly separated from their parents just days after birth, there can be lifelong developmental consequences. Not only does separation immediately cause a permanent increase in a baby's stress levels, but separated babies are more likely to develop post-traumatic stress and substance use disorders as adults<sup>[8]</sup>. For mothers, the psychological consequences of forced separation can be just as severe. Mothers separated from their newborns are more likely to experience post-partum depression, extreme powerlessness, grief, and feelings of detachment after forced separation<sup>[9]</sup>. Such forced separation also means that breastfeeding is not an option, despite the well-established maternal and infant benefits of breastfeeding and the recommendations of the American Academy of Pediatrics and the American College of Ob/Gyns.

In 2021, Minnesota passed the Healthy Start Act, which prevents the forced separation of infants from incarcerated mothers. The law allows the Commissioner of Corrections to place pregnant individuals into community alternatives up to one-year postpartum, giving babies and caregivers the support they need to thrive<sup>[10]</sup>. During the 2021 session, this bill was led by an all-women team of legislatures and received broad bipartisan support in both the House and the Senate. Through the passage of the Prevention of Forced Infant Separation Act, Maryland can join Minnesota in keeping families together during incarceration.

This Act, **(HB0454)**, would expand upon SB684, legislation that was led by numerous advocacy groups in 2020 and authorized the Maryland Commissioner of Correction to operate a pre-release unit for women within the Division of Corrections (DOC). In particular, HB0454 would provide pregnant women under

DPSCS custody with pre-release status the option to relocate to this unit throughout the duration of their pregnancy and remain with their infants up to one year postpartum. Pregnant women who are not eligible for pre-release status and are instead housed at the Maryland Correctional Institution for Women will have access to infant bonding programs that will help them maintain strong bonds with their children through increased visitation. Both pre-release eligible and non-eligible women will also have access to the Healthy Start Program, which will be developed by professionals in child development and ensure that mothers get the resources they need to form strong and lasting bonds with their infants.

As an Ob/Gyn and researcher who has spent extensive time with currently and formerly incarcerated pregnant women and moms, I have seen the strain that separation places on both of these parties, and on the people taking care of the newborns. Many incarcerated women do not have a family member who can care for their infant, so the baby ends up in the foster care system; such babies are at increased risk of adverse developmental and physical health outcomes and neglect is common. I vividly recall Kima, a woman whose baby I delivered while she was incarcerated. I will never forget the sound of her wailing as a nurse took Kima's baby, nursing at the time, from her arms so Kima could go back to the correctional facility. Such indignities are inhumane and Maryland must take steps to end these kinds of harm.

There is a clear need for Maryland to prevent the cruel and harmful separation of moms and infants days after birth. However, there is also a clear legislative solution. HB0454 will help incarcerated parents form strong attachments with their newborns, leading to better health outcomes and a strong incentive against recidivism. It is an important step towards further interventions that can enable this pathway of unification for even more pregnant, birthing, and postpartum moms in Maryland's criminal justice system. It's time for Maryland to keep families together and work towards putting an end forced infant separation.

For the above reasons, I am encouraging the committee to vote **in support of HB0454, the Prevention of Forced Infant Separation Act**. Thank you for your consideration.

Sincerely,



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February 4, 2022